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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
					Application Number	10/672,2	10/672,232		
FEE TRANSMITTAL					Filing Date	9/25/03	9/25/03		
For FY 2006					First Named Invento	Chimel e	Chimel et al.		
Applicant daine small onlike status. Soc 27 OFD 4 27					Examiner Name	C Pader	C Paden		
Applicant claims small entity status. See 37 CFR 1.27					Art Unit	1761	1761		
TOTAL AMOUNT OF PAYMENT (\$)					Attorney Docket No.	105942-	105942-53921		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 03-3839 Deposit Account Name: Gibbons, PC									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Grand and different Co. (2)									
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES SEARCH FEES EXAMINATION FEES									
Application T	vpe i	m /#\	<u>nall Entity</u> Fee (\$) <u> </u>	Fee (\$	Small Entity	<u>Small</u>	Entity	Fees Paid (\$)	
Utility		300		500			e (\$))()		
Design		200		100				0 0	
Plant		200		300			55 <u> </u>	0	
Reissue		300		500 500		,	30 _	0	
Provisional		200				500 3(
Fee Description Fee (\$) Fee (\$)									
Each claim over 20 (including Reissues) 50								25	
Each independent claim over 3 (including Reissues) 200								100	
Multiple dependent claims							360	180	
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee</u>					Paid (\$)		Multiple Dependent Claims		
	nber of total cla	ims paid for	if greater than 20.				Fee (\$)	Fee Paid (\$)	
Indep. Claims		xtra Claims	-	Fee	Paid (\$)	h	0	0	
	or HP =	dant claime r	X =						
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 LLS C. 41(a)(1)(G) and 37 CFR 1.16(a)									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets									
0 - 100 = 0 / 50 = 0 (round up to a whole number) x 0 = 0									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
Other (e.g., late filling surcharge): Fee for Filing Information Disclosure Statement after Office Action \$180.00									
SUBMITTED BY									
ignature	man	- 18 F	3 9/1000.		Registration No. (Attomey/Agent) 29,18	1	Telephone 212	-649-4700	
Signature Margaret B. Kelley (Attomey/Agent) 29,181							Date February XV 2007		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.